

all

THE CLEVELAND MUSEUM OF ART
FORTY-SEVENTH ANNUAL EXHIBITION OF WORK BY ARTISTS AND CRAFTSMEN OF THE WESTERN RESERVE
MAY 5 to JUNE 13, 1965

Born in Cleveland ☒ YES ☐ NO

Entered Previous May Shows? ☒ YES ☐ NO

PLEASE
LETTER
PLAINLY
OR TYPE

Collaborator if any _____

Artist _____

FRANK

FIRST NAME

TICHY

LAST NAME

Address _____

7537 Briarcliff Pkwy Cleveland 44130

CUYAHOGA

Tel. _____

BE-4-7654

NO.

STREET

CITY

ZIP CODE

COUNTY

Out-of-town residents should state whether return shipment is required. ☐ YES ☐ NO

Please enclose Registration Fee of \$2.00 (Check or Money Order) with Entry Blank..

NUMBER FOR SALE	NUMBER IN EDITION (Graphic Prts.)	PRICE	TITLE	MEDIUM	CLASS	JUROR'S MARK	
						ACCEPT- ED	REJECT- ED
5		10 ⁰⁰	ASPENS	Photography	5	1981 A✓	
5		10 ⁰⁰	From one State	Photography	5	1980	R✓
5		10 ⁰⁰	CANYON * JM	Photography	5	1982 A✓	

SUBMIT ENTRY BLANK NO LATER THAN MARCH 8, 1965.


DO NOT WRITE
IN THIS SECTION

This entry blank must be fully made out (typewritten or plainly lettered) and signed.
Unsigned entry blanks will not be accepted.

Note calendar for delivery and return of objects carefully. It is understood that the
Museum will have the right to dispose for its own account any entry not called for by
July 25, 1965

It is also understood that accepted entries will remain on exhibition until June 13, 1965

The submission of entries will be construed as acceptance of all conditions printed
in this entry blank.


SIGNATURE

Submit one entry blank, in duplicate, per person; use second blank if more space
is needed. One copy, complete with juror's marks, will be returned to you as no-
tification of acceptance or rejection. THIS COPY IS YOUR ONLY RECEIPT TO
CLAIM YOUR ENTRIES. Do not lose it.

This form in duplicate is made up of NCR paper which does not require carbon.

Rose Tichy

PAID MAR 9 1965

RETURN DATES FOR OBJECTS - Monday through Saturday 9 a.m. - 4:45 p.m. at Museum Service Entrance

REJECTED: May 8-22

ACCEPTED: June 18-July 3